

STATE OF HAWAII		CERTIFICATE OF LIVE BIRTH		DEPARTMENT OF HEALTH	
		FILE NUMBER 151		61 10641	
1a. Child's First Name (Type or print)		1b. Middle Name		1c. Last Name	
BARACK		HUSSEIN		OBAMA, II	
2. Sex	3. This Birth	4. If Twin or Triplet, Was Child Born	5a. Birth Date	Month	Day Year
Male	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		August	4, 1961
5b. Hour				7:24 P.M.	
6a. Place of Birth: City, Town or Rural Location				6b. Island	
Honolulu				Oahu	
6c. Name of Hospital or Institution (If not in hospital or institution, give street address)				6d. Is Place of Birth Inside City or Town Limits?	
Kapiolani Maternity & Gynecological Hospital				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7a. Usual Residence of Mother: City, Town or Rural Location			7b. Island	7c. County and State or Foreign Country	
Honolulu			Oahu	Honolulu, Hawaii	
7d. Street Address			7e. Is Residence Inside City or Town Limits?		
6085 Kalaniana'ole Highway			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7f. Mother's Mailing Address			7g. Is Residence on a Farm or Plantation?		
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
8. Full Name of Father		9. Race of Father			
BARACK HUSSEIN OBAMA		African		9	
10. Age of Father	11. Birthplace (Island, State or Foreign Country)	12a. Usual Occupation	12b. Kind of Business or Industry		
25	Kenya, East Africa	Student	University		
13. Full Maiden Name of Mother		14. Race of Mother			
STANLEY ANN DUNHAM		Caucasian		1	
15. Age of Mother	16. Birthplace (Island, State or Foreign Country)	17a. Type of Occupation Outside Home During Pregnancy	17b. Date Last Worked		
18	Wichita, Kansas	None			
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Parent or Other Informant		18b. Date of Signature	
		Parent <input checked="" type="checkbox"/> Other <input type="checkbox"/>		8-7-61	
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant		19b. Date of Signature	
		M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/>		8-8-61	
20. Date Accepted by Local Reg.	21. Signature of Local Registrar		22. Date Accepted by Reg. General		
AUG - 8 1961	V. Lee		AUG - 8 1961		
23. Evidence for Delayed Filing or Alteration					

I CERTIFY THIS IS A TRUE COPY OR  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH

APR 25 2011

Alvin T. Onaka, Ph.D.  
STATE REGISTRAR